CALIFORNIA FORM 700

FAIR POLITICAL PRACTICES COMMISSION
A PUBLIC DOCUMENT

## STATEMENT OF ECONOMIC INTERESTS CONTROL OF C

**COVER PAGE** 

DEC 1 5 2014

Please type or	print in ink.		City of Cypress
NAME OF FILER	(LAST)	(FIRST)	City Clambous Office
	PEAT	JON	EVAN
1. Office, A	gency, or Court		
Agency Nan	ne (Do not use acronyms)		
<u> </u>	TY COUNCIL		
Division, Bo	ard, Department, District, if applicable	Your Position	_
		MEMBER of THE C	My Council
▶ If filing for	or multiple positions, list below or on an attach	nment. (Do not use acronyms)	20
Agency:		Position:	<b>=</b> >
2. Jurisdict	tion of Office (Check at least one box)	)	EC Ses Ses Ses
☐ State		☐ Judge or Court Commission	
☐ Multi-Co	ounty	County of	<u> </u>
∑ City of _	Cypers	Other	2: ±2 × 0
	<u> </u>		
	Statement (Check at least one box)		_
Annual	<ol> <li>The period covered is January 1, 2013, three December 31, 2013.</li> </ol>	ough Leaving Office: Date Left (Check one)	l
-or-		•	January 1, 2013, through the date of
	December 31, 2013.	leaving office.	
Assumi	ing Office: Date assumed 12 / 8 / 2	The period covered is the date of leaving office	
☐ Candid	ate: Election year a	nd office sought, if different than Part 1:	
4 0 1 1 1			
	e Summary	► Total number of pages including	this cover name: 2
	licable schedules or "None."		
<u></u>	ule A-1 - Investments – schedule attached	_	Business Positions - schedule attached
	ule A-2 - Investments – schedule attached ule B - Real Property – schedule attached	Schedule D - Income - Gifts - S	Schedule attached  Travel Payments – schedule attached
ocnedo	He B - Near Froperty - Schedule Bitached	-or-	Travel F aymonts – schedule attached
	☐ None - /	No reportable interests on any schedule	
5 V '6' '			
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norem and i	in any attached solicules is true and comple	ic. Facility	
I certify und	der penalty of perjury under the laws of th	e State of	
Date Oter	12/13/14		
Date Signed	(month, day, year)		

## **SCHEDULE A-1** Investments

## Stocks, Bonds, and Other Interests (Ownership Interest is Less Than 10%)

Do not attach brokerage or financial statements.

CALIFORNIA FORM 700 FAIR POLITICAL PRACTICES COMMISSION				
Name				

► NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
PARKER HANNIFIN	
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
AEROSPACE	
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 ☐ \$10,001 - \$100,000	\$2,000 - \$10,000 \$10,001 - \$100,000
\$100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
<b>⊠</b> Stock	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)	Partnership O Income Received of \$0 - \$499 Income Received of \$500 or More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
, , 12	, , 13
//	
NAME OF BUSINESS ENTITY	NAME OF BUSINESS ENTITY
PARKER HANNIFIN	,
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
1-2-604 4	
AEROSPACE	
FAIR MARKET VALUE	FAIR MARKET VALUE
☐ \$2,000 - \$10,000 <b>万</b> \$10,001 - \$100,000	S2,000 - \$10,000 S10,001 - \$100,000
\$100,001 - \$1,000,000 Over \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
MATURE OF INVESTMENT	NATURE OF INVESTMENT
NATURE OF INVESTMENT Stock STOCK OPTIONS	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499
☐ Income Received of \$500 or More (Report on Schedule C)	O Income Received of \$500 or More (Report on Schedule C)
•	
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
	NAME OF BURBLESO SALTITY
NAME OF BUSINESS ENTITY	► NAME OF BUSINESS ENTITY
	OFFICE A DECORPTION OF THE PURPLESS
GENERAL DESCRIPTION OF THIS BUSINESS	GENERAL DESCRIPTION OF THIS BUSINESS
FAIR MARKET VALUE	FAIR MARKET VALUE
S2,000 - \$10,000 S100,000 S100	\$2,000 - \$10,000
S100,001 - \$1,000,000	S100,001 - \$1,000,000 Over \$1,000,000
NATURE OF INVESTMENT	NATURE OF INVESTMENT
Stock Other	Stock Other
(Describe)	(Describe)
Partnership O Income Received of \$0 - \$499	Partnership O Income Received of \$0 - \$499 O Income Received of \$500 or More (Report on Schedule C)
O Income Received of \$500 or More (Report on Schedule C)	O income Neceived of \$500 of More (Report on Schedule C)
IF APPLICABLE, LIST DATE:	IF APPLICABLE, LIST DATE:
ACQUIRED DISPOSED	ACQUIRED DISPOSED
_	
Comments:	